mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Carolina	Registration Dist. No. 62
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME Willows Sales Juny &	olh
(a) Residence: No. Sulastors. M.d. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OF DIVORGED (write the word)	21. DATE OF DEATH  Aug unt  (Month)  (Dey)  (Year)
5e. If merried, widowed, or divorced HUSBAND ot (or) WIFE ot	22. J I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Feb 25. 1872	lest sew him alive on Oky 15 7, 1932; deeth is said
7. AGE Years 1 Months Deys If LESS than	to have occurred on the dete steted above et 2.392m.
60 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause of Importance were as follows:
8. Trede, protession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Ancoma almi
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased sat worked et this occupation donath and spent in this spent in this	Lift claricle Writ Julaslins fam. 1931
10. Date deceased est worked et this occupet than the hand year)	- Anno Ofma
12. BIRTHPLACE (city or town) Thilled Del. (Stete or county)	Other Contributory Causes of importence:
13. NAME  14. BIRTHPLACE (city or fown)  (State of country)	
14. BIRTHPLACE (city or fown)	Neme of operation
(State of country)	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME March Jaylor	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Olta M. Newmann (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Darungton Del Dete 8, 18, 1932	Manner of injury
19. UNDERTAKER M. K. Newnam (Address) Deuton and	24. Was disease or Injury in any way related to occupation of deceased? Zwo
20. FILED 8/16 , 1932 Min AD Longe	(Signed) Tay Musto M. D.  (Address) Meuton MA
If move blanks are needed address State Parister as	N. Charles Street Palainness Parantes W. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I	į,	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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THE STATE OF THE S	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	NTS	BY	PHY	SICIAN
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OF	DEAT	ГН	086	545
Reg	gistration Di			117
	e its NAME in birth?	instead of a		
16	nonresident gi	ve city or	town and S	tate
CERTI	FICATE	OF DE	ATH	
Que (Mont		// (Day)		193 <b>2.</b> (Year)
., 19.5	RTIFY 2, to Co	That I	attended do	ceased from
ated above	, at(7/	m,		death is said
9119	tell			Date of onset
Bab	7			
nportance:				

What test confirmed diagnosis? ...... Was there an autopsy?

23. If death was due to external causes (VIOL ENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requipting V. S. No. 1,

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1915 1921	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
		1 week ago
1921	D 1 1 1	
	Run over by street car	1 week ago
dy5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
ay 1,1923	Gastroenteritis	1 year
		Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE (	F MARYLAND—CERTIFICATE	OF DEATH
1. PLACE OF DEATH		0. 22/1/11
county Caroline		Registration Dist. No

1. PLACE OF DEATH	08047
county Caroline	Registration Dist. No. 62
Village or City Near Williston.	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Louise Virginia Fil	anner.
(a) Residence: No. Preston and R-Z, B (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Servale. Colored Surgle word 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Surgle .	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	I last sawh
kind of work dona, as SPINNER, House - work	Inflined Five Jug 24.3
work was dona, as SILK MILL, SAW MILL, BANK, etc.  1D. Date decasad last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
- 3001	
13. NAME Sherman Flamer  14. BIRTHPLACE (city or town) Canalize Co.  (Stata or country)	Name of operation Date of What tast confirmed diagnosis? Wild Was there an au opsy?
15. MAIDEN NAME Wrace N. Haynes,  16. BIRTHPLACE (city or town) Care office Co.  (State or country)	23. If daath was dua to extarnal causas (VIDLENCE) fill in also the following:  Accidant, suicida, or homicide?
17. INFORMANT Sherman D'amer (Address) Preston and B. J. B	Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place St. Paul's Ind Date aug 26", 1932	Mannar of injury
19. UNDERTAKER J. Frankton & Son (Addiess) Sieder als Pura Irra	24. Was disaase or injury in eny way ralated to occupation of decaased? 200  If so, spacify
20. FILED 8/24, 132 m. 10 year 9 ( Registrar.	(Signad) (Signad) (Address) (Address) With With

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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į	Example II	
Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterius	1 year
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY	PHYSICIAN
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V. S. No. 1

1.	PLACE OF DEATH		
	County Carolinie		Registration Dist. No. 64
	Village or City L'eder als burg		NoSt.,
	Length of residence in city or town where deeth occurredyr		death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmos
2	FULL NAME Booky Sary	ale	
	(a) Residence: No. D'eder all bur q. (Usual place of abode)	171	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULAR	RS	MEDICAL CERTIFICATE OF DEATH
3, 5	EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIE OR DIVORCED (write the	OWED, ie word)	21. DATE OF DEATH (Month) (Day) (Ye
ia.	If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attended degeaser  ALL S 193 - to ALL S 19
6. D	DATE OF BIRTH (month, day, and year) Qua. 18"19	32	I last saw h alive on; death
7. A		SS than hrs. min.	to have occurred on the date stated above, at
2	8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		9
CCUPAII	Industry or business in which work was done, as SILK MILL,		telesery,
000	SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month end year)	)	
12.	BIRTHPLACE (city or town) Sederials Prusia.  (State or country)		Dther Coatribatory Caases of importance:
HER	13. NAME Robert Spiritials.		
FATH	14. BIRTHPLACE (city or town) (State or country)	X	Name of operation
2	15. MAIDEN NAME Sodie Collield	`	What test confirmed diagnosis? Was there an eu opsy?  23. It death wes due to external causes (VIDL ENCE) fill in also the following:
MOTHE	16, BIRTHPLACE (city or town)	08.	Accident, suicide, or homicide?
17.	INFORMANT Robert Garfield  (Address) L'eder als Pro- a l'un	d	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place De des als mis un pote Dug 18"	., 1932.	Manner of injury
19.	UNDERTAKER Jata amtom o So (Address) Liederalburg yn	y.	24. Was disease or injury in any way related to occupation of deceased?
20.	FILEDANO 18" 1932 Off Frankle	Registrar.	(Signed) Stillell (Ardress) Sieder: als brusq Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
RING 20 V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

te A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	22-20
occ of the control of the control occ occ occ occ occ occ occ occ occ o	county Caroline	Registration Dist. No.
item of should of OCC	Village or City Newdowski,	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
~ W ~		ds How long in U.S. if of foreign birth?mosd
CORD. Every PHYSICIANS ct statement	2. FULL NAME William B. Sark	woull.
	(a) Residence: No.	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
F.Y.	male Mute OR DIVORCED (write the word)	(Month) (Day) (Year)
ING NEN C T I ifed	5a. If married, wldowed, or divorced HUSBAND of	A
- 10°	(or) WIFE of Auro. Lave Cerrell	22. I HEREBY CERTIEY That I attended deceased fro
A Exa.	6. DATE OF BIRTH (month, dey, and year) Set 1, 1865	1 Mist saw har alive on 579 192, death is sai
	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
FOR IS A I stated proper	66 11 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
- 00	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Suppliented to the service of the
VE.	SAWTER, BUURREEFER, etc.	Conocae penting 111
ERVI K-T hould may back	Industry or business in which work was done, as SILK MILL, and SAW MILL, BANK, etc  11. Total time (years)	(esebral securities) /20.
RESERVED G INK—THI GE should be that it may be that on back of	To-Date deceased last worked at this occupation (month and year)  this occupation (month and year)	0
7 5 - 0	. m. A. De Queen o	Other Contributors Courses of importance:
ADIN d. So s. So	12. BIRTHPLACE (city or town) (State or country)	Cylindria 4
MARGIN UNFADI supplied. n terms, so	13. NAME I Sear Lucel,	
to und	13. NAME  14. BIRTHPLACE (city or town)  15. Color or country)	Name of operation Date of
TTH III	(State of country)	What test confirmed diagnosis? Was there en eutopsy?
INLY, WIT] be carefully EATH in pla	15. MAIDEN NAME Mary M, Beerl  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
CA, cal	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	17. INFORMANT Mrs, Laure Formell,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLAIN Should be OF DEA	(Address) Newbraou mel	
Sh Sh	18. BURIAL, CREMATION, OR REMOVAL  Place Streams Voro Date Que, (5 1932	Manner of injury
WRITE mation sl CAUSE CTION is	Place Date 19.52	Nature of injury
TI Cha	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
A B	0/11/32 MM	(Signed) Whitelesse 1 M.
N Z	20. FILED Registrar.	(Address) Bed mo ma

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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should state RECORD. Every item of Infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PLAINLY,

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Zo.	
<b>2</b> 2	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	08650
1. PLACE OF DEATH	93-0	00000
County Tearoline	Registration Dist. No.	62
Village or City Zrear Duelou-	No. S	t Ward
	death occurred in a hospital or institution, give its NAME instead of street	et and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foraign birth?yrs	ds.
2. FULL NAME Leidy Harris		
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or tov	vn and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
7. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)  Condour	21. DATE OF DEATH accy 29 (Mgath)	, 193 <b>2</b>
5a. If merriad, widowad, or divorced HUSBAND of		
(or) WIFE of Celeas, Tharris	22. I HEREBY/CERTIFY, That I att	ended deceesed from
19.01.3.050		32-
	1	; daath is sald
7. AGE Years Months Days If LESS than I dey,hrs.	to have occurred on the data stated above, to the PRINCIPAL CAUSE OF DEATH and retated causes of importance	
ormin.	were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, es SPINNER, Lauren SAWYER, BOOKKEEPER, etc.	AT:	4.00
SAWYER, BUOKKEEPER, etc.	Mrous myrantes	19257
work was done, as SILK MILL, SAW MILL, BANK, atc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked et this occupation (month and yaar)  yaar)  Cocupation		
Zugantous	Other Cuntributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	N.A.T.	19217
	1 Soffermion	17215
13. NAME HELLS Slack 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)		te of
(State or country) Ellaryland	Whet test confirmed diegnosis? Was the	era an autopsy?
15. MAIDEN NAME adline todeman	23. If death was dua to external causes (VIOL ENCE) fill in also the fo	llowing:
16. BIRTHPLACE (city or town) Pallo Rity	Accidant, suicide, or homicide? Dete of injury_	19
(State or country)	Whare did injury occur? (Specify city or town, county a	nd State)
17. INFORMANT O Euley Jarres (Address)	Specify whathar Injury occurred In INDUSTRY, in HOME, or in PUBI	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
Place fruis mil Date July 1, 193	Neture of Injury	
0 7 7	24. Was disease or injury In any way related to occupation of decaes:	od2 240
19. UNDERTAKER 1 (Address)	If so, spacify	oui
0 1 - 7 1106	(Signed) & land hubbs	
20. FILED 7 - 1932/11 40 9 Cong	(Address) Duton	med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a		
Arteriosclerosis	1915	Attack of epilepsy	EURRAU V S [	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	J	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			BECEIVED	
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

AGE should be stated EXACTLY. PHYSICIANS should share RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING mation should be carefully supplied. N. B.—WRITE PLAINLY,

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So.	
si,	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08651
1. PLACE OF DEATH	23
County Caroline	Registration Dist. No. 66
Village or City Reageles	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Jearl Cana Ha	eres
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Bug ast  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Lea Harris	22. I HEREBY CERTIFY. That I attended decesed from alm Jun 20 1932 to Quent 0-1932
6. DATE OF BIRTH (month, day, and year) aug. 29 1910	I last saw here alive on Ocean H 1932 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et
2/22 11 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	- Julianary Luberculosis Same 1- 432
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Cootribotory Causes of importence;
12. BIRTHPLACE (city or town) Neullaw	Other Coordinatory Causes of Importance.
(State or country) Makey Caref	
14. BIRTHPLACE (city or town) Earshare	
14. BIRTHPLACE (city or town) Beauchace (State or country)	Neme of operation Date of
	What test confirmed diegnosis? X My 8 Was there an autopsy? W
E (O)	28. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
7. 0.0 000 0	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT Alloy John Salloy	opecity whether injury occurred in thousand, in nome, of in public PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fully Elunche aug 1, 19 3.	Nature of injury
19 UNDERTAKER . 2, Eleafor	24. Was disease or injury in any way related to occupation of deceased?
(Address) Decetain	If so, specify
20. FILE aug & 1932 Farais.	(Signed) M. D.
Registrar.	(Address) Nuton MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

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			MARY	YLAND-	CERTIFICATE	OF DEAT	ГН (	CCED
	ACE OF DEAT				21)		U	3002
Co	ounty Caro	line,		******	- ^ - 7 - 7 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	Registration Di	st. No. lo H	
Vi	llage or City	Federals	burg,	(1	NoNo	tution, give its NAME i	st.,st.,	Ward number)
Le	ngth of residence in cit	ty or town where dea	th occurred	yrsmo	sds. How long in U.S. if	of foreign birth?	yrs	mosds.
	Residence: No.	Padamal	Lankf	ord, Nd. R.F	D <sub>St.</sub> Ward.			
, ta	) Residence. No		(Usual place o		Ou,	If nonresident gi	ve city or town an	nd State
Р	ERSONAL AN	D STATISTIC	AL PARTIC	CULARS	MEDICAL O	CERTIFICATE	OF DEATH	
3. SEX		R OR RACE   5	SINGLE, MARR OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	August,		.,198_2
5a. If mar	ried, widowed, or divor		at 1 1	04,		(Month)	(Day)	(Year)
HUSI	DARID -4	loyd A. I	ankfor	d.	22. IHEREB	Y CERTIFY	That Lattender	d deceased from
6. DATE (	OF BIRTH (month, day	and year) WB	r. Tht	h. 1894	I last saw h alive on	878	19.3	2 death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date sta	ted above, at 82		
	38	4	22	l day,hrs.	The PRINCIPAL CAUSE OF DEA			
- 8. T	rade, profession, or pa kind of work done,	rticular			Well as follows	~	1	Date of onset
2	SAWYER, BOOKKEE	PER, etc. HC	1180-WO	rk,	V //	-4.1	2.0	anne
OCCUPATION 9. It	ndustry or business In work was done, as S SAW MILL, BANK, e	which ILK MILL, etc			Mullin	nery of		11952
0 10.0	ete deceased last wor this occupation (mon year)	ked at ith end	11. Total tir span occup	ne (years) L1fe t in this pation				
	IPLACE (city or town).	Dorche	ster C	o.	Other Contributory Causes of Im	portance:		1831
1		manlel de	Connol		yx ces	2 glys,	(ciany	- Mar 193,
13. N.	AME WID. F	ranklin			PAC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7/
	(State or country)	***************************************	nester	Md.	Name of operation What test confirmed diagnosis?	1-	Was there an	129/32 au opsy? 24
15. M	AIDEN NAME	Rachael	Baker,		23. If death was due to external ca	auses (VIOL ENCE) fill I	n also the following	ng:
15. M	IRTHPLACE (city or too (State or country)	wn)Car	oline	Co.Md.	Accident, suicide, or homicide? Where did injury occur?		te of injury	, 19
	MANT Krs				Specify whether injury occurred	(Specify city or to	wn, county and St. E, or in PUBLIC P	ale) LACE.
18. BURIA	L, CREMATION, OR RI				Manner of injury			
					Nature of injury			
	RTAKER J.T.				24. Was disease or injury in any	way related to occupati	on of deceased?	w
(A		ederalsh		d	If so, specify	71-16-16	&	
	A	. (.)	1		101	111111111111111111111111111111111111111	120	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Perilonilis •	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		• 44.000 (4.000)	

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN	10
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	infor-	state	UPA.	
	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	. Every	ICIANS	tement	
	RECORD	PHYS	xact sta	
	NENT E	CTLY.	ified. E	
	ERMA	EXV	y classi	ite.
	IVSI	stated	proper	IN is very important. See instructions on back of certificate.
	HIS	pe	pe .	Jo 3
	NKLI	should	it may	on back
e.	DING	AGE.	se that	ictions
	UNFA	upplied	terms,	e instru
	WITH	fully s	n plain	nt. Se
	INLY,	be care	EATH	mporta
	PLA	plnoy	OF DI	very i
	RITE	ion s	USE	SI N

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	13	po	0
1 6	8	2.	20	
U	1	U	21	2

1. PLACE OF DEATH	(210-111)
County Caroline.	Registration Dist. No. 6 H
Village or City Blear Feder als Prurg.	NoSt.,Ward
(If Langth of residence In city or town whera death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Deslie Syrons	
(a) Residence: No. Svalshe. Wd	St. Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Survale	21. DATE OF DEATH  (Month) A (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	The state of the s
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 17"-1914	1   1   1   1   1   1   1   1   1   1
6. DATE OF BIRTH (month, day, and year) \ \C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	to have occurred on the date stated above, at In-HS-A-m.
17 8 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	caused by the collision of two
kind of work done, as SPINNER, Money Quest	Trucks on state road from august
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and	Federalsburg, Md., to 20th,
SAW MILL, BANK, etc	Bridgeville, Del.,
this occupation (month and spant in this occupation year)	about these miles from Federalsburg, in
12. BIRTHPLACE (city or town) Scallet Co.	Other Contributory Causes of Importance: Transford. Cut of
(State or country)	Fractured skill, broken buck, broken
# 13. NAME Frederick Lyons.	The same of the sa
14. BIRTHPLACE (city or town) Jacksot Co.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Julia Douberry	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Quilia Souserey  16. BIRTHPLACE (city or town) Jalbot Co.	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Tred to - Syons.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Trappe. Olid. K.J.)  18. BURIAL, CREMATION, OR REMOVAL	Manager of Late or
Place Winder Will - End Date Que 22" 1972	Natura of injury
0 0 0	24. Wes disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER Yours A. Speries. (Address)	If so, specify
20. FILED Qua 21", 1937 Officantion	(Signed) roke Hickory Coroner M. D.
20. FILED AND Registrar.	(Ardress) Federalsburg, Md.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baliimore, Requesting U. S. No. z.

V. S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 6 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH  County Clauding  Village or City Planting  No. No. (If death occurred in a hospital or incitution, give its NAME instead of steets and number)  Length of residence in city or town place death occurred.  JYS. Most. ds. New long in U.S. If of forsign birth? yets. mes. ds.  Residence: No. (Usual place of shode)  PERSONAL AND STATISTICAL PARTICULARS  1.SEX  4. COLOR OR RACE  OR DIVORYON Professional Control of the Work		STATE O	F MARYLAND-	CERTIFICATE OF DEATH	8654
Village or City	1. PLACE	OF DEATH		<u> </u>	7 (7 (7 )
Langth of residence in city or town piece death occurred yrs. mos. ds. How long in U. S. if of foreign birth?  2. FULL NAME  (a) Residence: No. (Unuspiece of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWED, ORD PIVORCED True it to will so it married, widowed, or divorced (try) pills of (the pills)  8. If married, widowed, or divorced (try) pills of (the pills)  9. Days  1 It LESS than 1 (large, min. or min. or min. or min. or min.  8. Trade, protession, or particular work as done, as SPINNER, More work was done, as S	County	Caroline		Registration Dist. No.	2
Langth of residence in City or town piece death occurred yrs. mos. ds. How long in U. S. if of foreign birth?  2. FULL NAME  (a) Residence: No. (Unusipiece of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWED, OR DIVORCED Towns the Williams of Color of Divorced (Cryphile of Cryphile of Cr		//- /-			Ward
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  St., Ward.  If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE OR DIVORCED S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Somethin with the wild of th				death occurred in a hospital or institution, give its NAME instead of street an	d number)
(a) Residence: No.  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED, OR DIVORCED which the WID  So. If married, widowed, or divorced  (or) WIFE of  (or) WIFE of  (or) WIFE of  (or) WIFE of  S. SINCLE MARRIED, WIDOWED, OR DIVORCED which the WID  So. If married, widowed, or divorced  (or) WIFE of  (or) WIFE of  (or) WIFE of  (or) WIFE of  S. SINCLE MARRIED, WIDOWED, OR DIVORCED which the WID  22. I HEREBY CERTIFY, That I attended deceased from  19. to. 19.	Length of re	esidence in city or town where de	eath occurredyrsmos	ds. How long in U.S. if of foraign birth?yrs	mosds.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  PRIVATE  S. SINCLE MARRIED, WIDOWED. OR DIVORCED "write the way"  Sa. If married, widowed, or divorced HUSBAND  (Or) WIFE of  Con Divorced HUSBAND  ACE  Years  Months  Days  It LESS than Iday. hts. or. min.  8. Trade, profession, of particular kind of work dobe, as SPINNER, SAW MILL, BANK, atc. Industry or business in which. SAW MILL, BANK, atc. Industry or business in which. SAW MILL, BANK, atc. It. BIRTHPLACE (city or town).  (State or country)  BIRTHPLACE (city or town).  (State or country)  Was there an autopsy?.  Was there an autopsy?.  Was there an autopsy?.  Was there an autopsy?.  Acidemans  J. Liddent, suicide, or homida?  Manner of injury.  Name of injury.  Nature of injury in any way related to occupation of deceased?.	2. FULL N	AME fuf	ant Mes	sich	
PERSONAL AND STATISTICAL PARTICULARS  3.5EX  4. COLOR OR RACE  1. SINGLE, MARRID, WIDOWED  OR DIYORCED warnic the ward  Sa. If married, videwed, or divorced (Cot) wife to ward  (Cot) wife of  6. DATE OF DEATH  22. 1 HER EBY CERTIFY, That I attended deceased from 19 , to 19 .  19 ,	(a) Reside	ence: No.			
3. SEX	DEDGO	NAL AND STATISTIC		H .	nd State
Accidant, suicide, or country  BIRTHPLACE (city or town)  Ciste or country  Ciste or					
So. If married, widowed, or divorced HUSBANO (PRICE OF DIRTH (month, day, and year) (Lucy 20 932)  6. DATE OF BIRTH (month, day, and year) (Lucy 20 932)  7. AGE Years Months Days It LESS than 1 day, hrs. or min.  8. Trada, protession, or particular kind of work done as SPINNER, SAWER, BOOKEPEPR et min.  10. Data decasas dast worked at this occupation (month and year) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME ANAME ANAM	1 . 6	1. COLOR OR RACE		Jun 30	. 193 2
HUSBANO OF (OF) WIFE OF  6. DATE OF BIRTH (month, day, and year) Living 20 932  7. AGE  Years  Months  Days  ILLESS than 1 day	The seried wild	Will	Jung te	(Month) (Day)	(Year)
8. Trade, profession, or particular kind of work dode, as SPINRER, SAWER, BOOKKEPER, etc.  10. Date deasand last work as done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deasand last work as done, as SILK MILL, SAW MILL, BANK, atc.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR RENDVAL  Place  19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	HUSBANO of			22. 1 HEREBY CERTIFY, That I attende	d deceased from
7. AGE Years Months Days It LESS than 1 day, hrs. or min.  8. Trade, profession, or particular life of min.  9. Trade, profession, or particular life of min.  1. Industry or business in which work was done, as STH MRE, SAW MILL, BARK, atc.  10. Date adecased last worked at this occupation (month and years) spent in this occupation (month and years).  11. BIRTHPLACE (city or town).  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  17. INFORMANT  18. BURIAL, CREMATION, OR RENGOVAL Place of min.  19. UNDERTAKER UNDERLY MARKER Mannar of injury.  19. UNDERTAKER Underly in any way related to occupation of daceased?	(01) 11112 01	1		, 19, to	, 19
8. Trade, protession, or particular kind of work dohe, as SPINNER, SAWYER, BOKKEPER, etc., No.  1. Industry or business in which work was done, as SPINNER, SAWYER, BOKKEPER, etc., No.  10. Data decased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMDUAL  Place faculty  19. UNDERTAKER  (Mallel)  19. UNDERTAKER  (Mallel)  10. Data day	6. DATE OF BIRTH	H (month, day, and year)	4301432	I fast saw h alive on, 19	; death is said
8. Trada, protession, de particular or min.  Nera as follows:  Nera as follows:  Nera as follows:  Nera as follows:  Date of onset  Nera as follows:  Date of onset  Nera as follows:  Date of onset  Date of operation.  Was there an autopay?  Date of operation.  Date of operation.  Date of operation.  Date of operation.  Was there an autopay?  Date of injury.  Accidant, suicide, or homicide?  Date of injury.  New a did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Nature of injury.  Nature of injury.  Nature of injury.  Nature of injury in any way related to occupation of daceased?  Date of operation.  Other Costributory Causes of importance:  Other Costributory Causes of importance:  Other Costributory Causes of importance:  Date of operation.  Other Costributory Causes of importance:  Date of operation.  Other Costributory Causes of importance:  Date of operation.  Date of operation.  Other Costributory Causes of importance:  Date of operation.  Other Costr	7. AGE Y	ears Months		to have occurred on the date stated above, atm.	
S. Trada, protession, of particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc.  3. Industry or business in which work work was dead of importance:  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place for surface of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL  Place for surface or injury in any way related to occupation of daceased?  24. Was disease or injury in any way related to occupation of daceased?  24. Was disease or injury in any way related to occupation of daceased?		/ Theo V:		Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of open
Sundistry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data dacassad last worked at this occupation (month and year)  11. Total time (years)  Spent in this occupation (month and year)  Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  What tast confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  What tast confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR RENDVAL  Place Family  Place Family  Mannar of injury  Nature of injury  19. UNDERTAKER  Was disease or injury in any way related to occupation of daceased?	Z 8. Trada, pro	tession, or particular			Date of one of
12. BIRTHPLACE (city or town)	SAWYE		ione	1. f. 10 12	
12. BIRTHPLACE (city or town)	A Industry of work w	was done, as SILK MILL.		Delle dom	
12. BIRTHPLACE (city or town)	Data dacas	asad last worked at	11. Total time (years)		
Other Contributory Causes of importance:    12. BIRTHPLACE (city or town)	CIIIS OCC	cupation (month and	spent in this		
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  (State or country)  19. UNDERTAKER  (State or country)  11. NAME  12. Name of operation  Name of operation  What tast confirmad diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicida?  Date of injury  Nerra did injury occur?  (Specify city or town, country and State)  Specity whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Mannar of injury  Nature of Injury  Nature of Injury  19. UNDERTAKER  10. ACCIDENTAL STATE ST		11	7	Other Contributory Causes of importance:	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Date  19. UNDERTAKER   19. UNDERTAKER   10. BIRTHPLACE (city or town)  (State or country)  10. Date of injury  Name of operation  What tast confirmad diagnosis?  Was there an autopsy?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?  Accidant, suicide, or homicide?  Opecify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Name of operation  What tast confirmad diagnosis?  Was there an autopsy?  Accidant, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Name of operation  What tast confirmad diagnosis?  Native of injury occur?  Nature of injury  Nature of Injury  19. UNDERTAKER  Live of Injury in any way related to occupation of daceased?  24. Was disease or injury in any way related to occupation of daceased?			ars.	-	
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Plac	1	Plante	mende		
What tast confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Place  19. UNDERTAKER  What tast confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accidant, suicide, or homicide? Date of injury.  (Specify city or town, country and State)  Specity whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Mannar of injury  Nature of Injury  19. UNDERTAKER  Was there an autopsy?  Accidant, suicide, or homicide?  Specify city or town, country and State)  Specity whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	H TO. HAME	mary	e Co		
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Paragraphy Date 8 - 30 1952  19. UNDERTAKER Charles The Language The Market of Injury in any way related to occupation of daceased?  19. UNDERTAKER Charles The Language The Market of Injury in any way related to occupation of daceased?	14. BIRTHPLA		Ten		
16. BIRTHPLACE (city or town)   Accident, suicide, or homicide?   Date of injury   19	15. MAIDEN N	NAME POL	Ti. Drew		
(Specify city or town, county and State)  17. INFORMANT Charles Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Farmer Date 8 - 30 1952  Nature of injury  19. UNDERTAKER Charles Therefore The State of St	H	rope	-		
17. INFORMANT Charles Messech  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place France Date 8 - 30 , 1952  Nature of Injury  19. UNDERTAKER Charles There is no properties of the content of the conte	O 16. BIRTHPLA		Mariano		, 19
18. BURIAL, CREMATION, OR REMOVAL  Place facility from Date 8 - 30 , 1952  Nature of injury  19. UNDERTAKER Charles Clearly 24. Was disease or injury in any way related to occupation of daceased?	Charles messech		Wassah	(Specify city or town, county and S	
18. BURIAL, CREMATION, OR REMOVAL  Place facility func.  Date 8 - 30 , 1952  Nature of Injury.  19. UNDERTAKER Charles Clearly Lacels 24. Was diseasa or injury in any way related to occupation of daceased?		mary	In all	open, michael that y occurred in introduction, in nome, of in public	ENVE.
Place family fame Date 8 - 30 , 1932 Nature of Injury  19. UNDERTAKER Charles Husself 24. Was diseasa or injury in any way related to occupation of daceased?				Mannar of injury	
19. UNDERTAKER Charles The Leets 24. Was disease or injury in any way related to occupation of daceased?	Place	my fame	Date 8 - 30 1952		
19. UNDERTARER CHARLES		11.00	11. 0		
		macus 4	weeks o		
20. FILED 8-30 1958 / 10. 40 Yeard (Signed) QUON Ourge M.D.	0	30 15/1	504.	114.00 = 119	2 P M.D.

(Address) ...

Kegistrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

LETTER CONTRA

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis . 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back of

TION is very important.

N. B.-WRITE PLAINLY.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	95-20
County Caroline,	Registration Dist. Np. 62
Village or Gity Near Williston,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Susan A. Pittenger,	
(a) Residence: No. Denton, Md. R.P.D.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,	21. DATE OF DEATH  Aug. 6th. 198 2  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicolas Pittenger,	22. Can HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and yeer) May, 19th. 1850 7. AGE Years Months Days If LESS than 1 day,	I last saw h. w. alive on
82 2 17 or mis.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which	wer is follows: Chest dent Cases of importance wer is follows:  Oate of onset
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month end year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Caroline Co.  (State or country) Md.	Cities Contained of Amportance,
13. NAME Peter Sullivan,	
14. BIRTHPLACE (city or town) Caroline Co. (State or country) Xd.	Name of operation Dete of What test confirmed diagnosis? Was there en au opsy?
15. MAIOEN NAME Sarah Thawley,  Caroline Co.  (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFDRMANT Mrs. Clara I. Rice, (Address) Denton, Md. R.F.D.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. Burial, CREMATION, DR REMOVAL  Date Aug. 18th, 32	Manner of injury
19. UNDERTAKER J. T. Framptom & Son, (Address) Federalsburg, Md.	24. Wes disease or minory in any way related to occupation of deceesed?  If so, specify
20. FILED 8 - 8 , 19 52 long a long C Registrar.	(Signed) M. D.  (A'dress) Esulsa JMAL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none. dia a Fa no lue

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death,—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.		•	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Guerro	Inagr,1000	· · · · · · · · · · · · · · · · · · ·	1 year

ADDITIONAL	SPACE F	POR	FURTHER, S	TATEMENTS	BY	PHYSICIAN
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RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MTH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARY	AND-CERTIFIC	ATE O	F DEATH
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1. PLACE OF DEATH	
County Sawling	Registration Dist. No.
Village or City man Deulon	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Fufaut Rich	***************************************
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color of RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Quy /4  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	V
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que 14-1932-	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this pecunation (month and spent in this	Still bom -
Mork was done, as SILK MILL,	1 11.1.
SAW MILL, BANK, etc.	Jyphulis
- Sport in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) hluton	
(State or country)	
13. NAME Suglas Plich  14. BIRTHPLACE (city or town) Plentin	
	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Jazil /Jarris	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Itajil Hams (Address) flowth md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Section Date 8-14, 19.35	Manner of injuryNature of Injury
19. UNDERTAKER . U. Moore (Address) Bruke	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 8 - 14 ,1932 Frak 1 Grange	(Signed) 9 and Aurth M. D.  (Address) Aluto Way
Registrar.	" (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

# certificate.

should state

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

V. S. No. 1 m

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	24
County Cearoline	Registration Dist. No. 62
Village or City Zear Dzulan	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. mosds.
Ill of	1. inh Kol
2. FULL NAME Strong Fresh	St., Ward.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Willower	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of  Clean  Roe	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h air alive on August 18,19.82; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, al. 6m.
80 9 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related cadses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Afflice - not given
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Zelar Deulou	
(State or country) Maryloued.	Neflerolianis - 1929
13. NAME  14. BIRTHPLACE (city or town)  (Chata or country)	
I4. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? / What of flates there an autopsy? We want to the second of the s
* The state of the	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
[State or country]	Where did injury occur?
17. INFORMANT Celarane Oral (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sellow ellibate (Mg. 2,19 3	Nature of injury
19. UNDERTAKER De Girmil Guoron	24. Was disease or injury in any way related to occupation of deceased? . 720
(Address)	If so, specify
20, FILED 8 27 , 1938 12 NO Year 91	(Signed) C / aux / users M. D.
Registrar.	(Address)Allstona_fllfa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes s follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	THE OWNER OF	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	9	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	2001 CV4/3S	3 days ago
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
•				

V. S. No. 1 B.

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20. FILED ...

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should state of occupa.

STATE OF MARYLAND-	CERTIFICATE OF DEATH	658
1. PLACE OF DEATH	(Idea)	
County Carolul -	Registration Dist. No.	
Village or City Risgelee	No. St.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and numb	ber)
Length of residence in city or flown where death occurred mosmos.	ds Hoy long in U. S. if of foreign birth?	ds.
2. FULL NAME Clarch Elizabe	the culley.	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Clugust 26, 19	V
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dece	eased from
John W salley fr	aug 25 ,1932 to august 26 ,	1932
6. DATE OF BIRTH (month, day, and year) Tret 65 1854	I last saw h alive on day 250, 1952; de	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
78 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Da	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acule Bronchilis	418-192
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oato deceased last worked at lit. Total time (years) this pecuastion (month and		
O Joato deceased last worked at this occupation (month and year) this occupation this occupation		
12. BIRTHPLACE (city of town) Temple ville	Other Contributory Causes of importance:	00048448
(State or country)		
I 13. NAME Spurie Michelson		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country) augustances.	What test confirmed diagnosis? Was there an autop	psy?
15. MAIDEN NAME MANE MANE SPRANGE 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	., 19
∑ (State or country)	Where did injury occur?	
17. INFORMANT Wisher Sailley.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Place Deulou Campate aug 27, 19 3	Nature of injury.	
0 3/ 1/2/	7	2
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?	2

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		OEIVSP)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocntcritis	1 year
	I I		

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. .. (If death occurred in Ward) a hospital or institucertificate tion, give Its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE 16 DATE OF DEATH may (Write the word) (Month) (Day) 0 I HEREBY CERTIFY. That Lattended the deceased from 6 DATE OF BIRTH uo instructions that I last saw has (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at .. I day hrs. The CAUSE OF DEATH \* was as follows: terms (a) Trade, profession or Ců particular kind of work  $\Xi$ a (b) General nature of industry ā business, or establishment in ב importa which employed or (employer) Contributory. 9 BIRTHPLACE Secondary (State or country 10 NAME OF DO 00 00 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether EUZ OF FATHER CAU (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 9 1 ients or Recent Residents) stat CCU? 13 BIRTHPLACE In the At place OF MOTHER State yrs mos de. of death yrs ......ds. (State or Country) 00 Where was disease contracted, if not at place of dea.h?.... KNOWLEDGE CIANS shoul statement of 14 THE ABOVE S Former or usual residence (Informant) DATE OF Registrar W. Saratoga St., Balto., Requestra V. S. No. 1. If more banks are needed, address State Registrar, 16

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-KHOW without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b)

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need cough; Chronic valvular heart Example: Measles (disease etc. The contributory Nomenclature not be disease

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH	210-00
County Caroline	Registration Dist. No. 66
Village or City Redquely ?	No. St, Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jercey J. Duowbe	rej.W.
(a) Residence: No. (Usual place of abode)	(st., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE OR DIVORCED (write Mie word) OR DIVORCED (write Mie word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Agail & Suowbeg.	22. I HEREBY CERTIFY, That I attended deceased from
Chi. 1 1890	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at//
33 11 3 16 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and 7 / 1931	
12. BIRTHPLACE (city or town). (State or country)	Other Contributory Causes of Importance:
	-
E	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Emma College,	23. If death was due to external causes (VIQMENCE) fill in also the following:
15. MAIDEN NAME Emma College.  16. BIRTHPLACE (city or town)	Accident, exiable, as homicide? Auto, pate of Injury august 1932
E (State or country) May land,	Where did Injury occur? Andgely -na
17. INFORMANT Mrs. Hos file Syoularges (Address) Refferen Ma.	Specify whether Injury occurred in INDI TRY, in HOUS, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Internal
Place Medgely Me, Date Wing 20, 19.32	Nature of injury
19. UNDERTAKER A CAS A awlungs	24. Was disease er injury in any way related to occupation of deceased?
20. FILED ang 18, 19.2 Waring.	(Signed) Derry Helter Course (Address) Ridally 240
If move blanks are needed address Seale Projection	(Address)

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921.	Run over by street car	1 week ago
Cerebral hemorrhage Jul	ly5,1037	'Peritonitis	3 days ago
13.8	51	,	
Other contributory causes of importance:	A	Other contributory causes of importance:	
Gallstones Mh	1, 923	Gastroenteritis	1 year
151			
La company of the com			

V. S. No. 1

item of infor-	should state	of OCCUPA.	1
RECORD. Every	Y. PHYSICIANS	Exact statement	
NG INK-THIS IS A PERMANENT RECORD. Every item of infor-	AGE should be stated EXACTLY. PHYSICIANS should state	that it may be properly classified. Exact statement of OCCUPA-	ertificate.
IIS	pe	pe	o Jo
INK-TE	JE should	nat it may	ons on back of certificate
NG	Y	#	00

1. PLACE OF DEATH	CERTIFICATE OF DEATH	08661
County Caroline	Registration Dist. No. 62	
Village or City Tear Dentare (IF	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occurredmyrsmos.	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Marinan Heplien	Sribbill	
(a) Residence: No. (Usual place of abode)	St., Ward.  If monresident give city or town an	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  August  (Month) (Day)	., 193
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) Can . 5 1 1931	Hest saw ham alive on Quant 3 193 2	, 19
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6:12 A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said
8. Trade, profession, or particular	were as follows:	Oate of onset
SAWYER, BOOKKEEPER, etc	Tubaculous Meningitis	July 23'3:
work was done, as SILK MILL, SAW MILL, BANK, etc  Date deceased last worked et this occupation (month and spent in this	,	7 - 4 - 0 0 0 0 0 0 0
year) occupation	Other Contributory Causes of importance:	
(State or country) Zully wally	Pulmonary Interculosis - Vindray	July 23 493
13. NAME Stephen Steph	Name of operation Date of What test confirmed diagnosis? X x y flowed with there an	autopsy? 200
15. MAIDEN NAME Gla Harlpraks 16. BIRTHPLACE (city or town) From Language  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
O 16. BIRTHPLACE (city or town) The benefit of the country (State or country)	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
17. INFORMANT Stephen Fillitt	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PI	nte) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sullaw Clubate Clug. 13, 19. 30	Manner of injury	
19. UNOERTAKER Je Wingil Turbara.	24. Was disease or injury In any way related to occupation of deceased?	No
20. FILED 5- 12, 1932 flow NO GEORGE REGISTRE.	(Signed) 6 Paul Murths (Address) Wenter, Mrs.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIFIC	ATE	OF	DEATH
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08662

1. PLACE OF DEATH	(8)
County Carolina	Registration Dist. No.
Village or City L'eder als hur of	No. St Ward
0	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gaby Boy Was	ken
(a) Residence: No. 5 lederals Prundy Mic	St., Ward.
(Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the wo	
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5 DATE OF PIPTH (month day and year) Qua 17" 193	The state of the s
6. DATE OF BIRTH (month, day, end yeer)  7. AGE Years Months Pays If LESS t	1/3@
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	n. Date of onset
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	1410
Industry or business in which	Still Dorn
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
D 1D. Date deceased last worked et this occupation (month and year)	(I stally Tentie)
12. BIRTHPLACE (city or town) Caroline Co.	Dthe Coutributory Causes of Importance:
(State or country) W.d.	
13. NAME Clifton Dickerson	
13. NAME Clifton Dicherson  14. BIRTHPLACE (city or town) S'eden alabour qu	Name of operation
(State or country)	What test confirmed diagnosis? Wes there an au opsy?
15. MAIDEN NAME Wice Walker,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wile Walker. 16. BIRTHPLACE (city or town) Philadelphia.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Chifton Dickerson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place der alsung Md Date Qua 17, 15	Nature of injury.
19. UNDERTAKER THE CONTROL & Son	24. Was disease or injury In any way related to occupation of deceased?
On a state	If so, specify (Signed) WISGWCS M, D,
20. FILED aug. 17", 19.32 Officario Regist	rar. (Ardress) Followlelmy
If more blanks are needed, address State Re	gistrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
PEREAU V.S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

	STAT	E OF	MARY	LAND-	CERTIFICATE (	OF DEATH	18653
1	. PLACE OF DEATH		-		98-6		10000
County Caroline,				Registration Dist. No. 6			
	Village or City Fed	erals	burg,		No.	St.,	Ward
	Length of residence in city or town	whera death	occurred		death occurred in a hospital or institut	ion, give its NAIVIE instead of street a	nd number)
2	. FULL NAME Sar	ah P.	Walls	2			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Residence: No. Fe	deral	Sburg, (Usual place of		St., Ward.	If nonresident give city or town	and State
	PERSONAL AND STA	TISTICA	L PARTIC	ULARS	MEDICAL CE	ERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warite the word) MAP ried.				ED, WIDOWED, (write the word)	21. DATE OF DEATH  August, 7th. 198 2		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of James Gardiner Walls,			22. I HEREBY CERTIFY, That Lattended decoased from				
6	DATE OF BIRTH (month, day, and year	Jar	1. 28th	T857	I last saw h aliva on	7 /100	death is said
-		nths	Days	If LESS than	to have occurred on the date stated	d above, at I - 45A-m.	
	75	6	9	1 day,hrs.		H and related causes of importance	Oate ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-work, 9. Industry or business in which work was done, as SILK MILL.			Chini	my readth.	1932		
1000	SAW MILL, BANK, etc		11. Total tim spant occupa	e (years) in this <b>Life</b>			~~~
12	BIRTHPLACE (city or town)				Other Contributary Causes of impo	rtance:	
14.	(State or country)	Dalay	are.		acut dela	7/20/5	
EB	13. NAME BU	rton	Poligh	t,			7-0-
13. NAME Burton Polight,  14. BIRTHPLACE (city or town) (State or country)  Delaware.				Data o			
ER	15. MAIOEN NAME	arah	Paynte	r,		Was there	
15. MAIOEN NAME  Sarah Paynter,  16. BIRTHPLACE (city or town)  (Stata or country)  Delaware,			23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?				
17.	INFORMANT J. Gardin		alls, urg, Md			(Specify city or town, county and INDUSTRY, in HOME, or In PUBLIC	State) PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Federalsbu				Manner of injury		
19.	UNDERTAKER J.T. Fram (Address) Fede		& Son,	d.	24. Was disease or Injury in any wa	ay related to occupation of deceased?	Zis
20.	FILEO Dug. 8th, 1932	Opp	Trans	Registrar.	(Signed) (Address) 7	Scholling	M. D.
		f more of	ks are needed, add	fress State Registrar,	2411 N. Charles Street, Baltimore, Reg	questing U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset •	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis R	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LUBEAU V.S.		· contractor	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		(*************************************	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Caryline	Registration Dist. No. 66
Village or City Audguly	No
// /	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign blith?
2. FULL NAME Bendick Weaver,	
Z. TOLE WANTE	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male mile midoude	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That t attended deceased from
(or) WIFE of Mary (karlolle Wlower	
6. DATE OF BIRTH (month, day, and year) Qui 10 - 1850	t last saw h ; deeth is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 18
82 8 15- 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	a superfection on face and
work was done, es SILK MILL, SAW MILL, BANK, atc.	by tension unto Cranition June 25 4 B2
U 10 Date deceased last worked at 11. Total time (years)	( was not seen mitt after death
o this occupation (month and year)	ly ne
12. BIRTHPLACE (city or town)	Other Contributor Causes of importance:
(State or country) Surgerland	P: (rd.)
13. NAME Dendick Wears:	
13. NAME Deudink Wears:  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation
- (State of County)	What test confirmed diagnosts? Was thera an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city ar town)  (State or country)	23. If death was due to axternat causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city ar town)	Accident, sulelde, or homicida? Data of injury, 19
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT THE Green Jones	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) (Ladyfully Max)	Manage of Intime
Place Ridgely pro Date Clug 29, 1932	Manner of injury
ROB. R. Cough.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Siegus boro Md.	If so, specify
	(Signed) Than humbs M. D.
20, FILECTURE 28, 19.3.2. FRegistrar.	(Address) Leutory W.S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH STATE OF MARYLA CERTIFICATE OF DEA Registration Dist. No. (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, Write the wor (Month) (Day) I HEREBY CERTIEY. That I astended the deceased from 6 DATE OF BIRTH that I last saw it alive on (Month) (Day) (Tear) 7 AGE IIFLESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF (Signed) FATHER ...192 \_\_\_ (Address) OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death ......yrs.....mos......ds. In the OF MOTHER (State or Country) Where was disease contracted, if not at place of death?..... THE BEST OF MY KNOWLEDGE usun residence. (Informant E OF BURIAL CE OF BURIAL OR REMOVAL If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact' may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. to report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation to None. (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ". ('Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis, tions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, approved by kelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic valvular heart disease, etc. The contributory

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed